

New Procurement Card Company Setup Form

GENERAL INFORMATION	
COMPANY NAME <i>(maximum 23 spaces)</i> : NAME OF DEPARTMENT REQUESTING CARD	
CONTACT NAME <i>(maximum, 23 spaces)</i> :	Kathy Sheppard
CONTACT PHONE NUMBER:	(617) 973-2666
CONTACT E-MAIL ADDRESS	<u>Kathy.Sheppard@state.ma.us</u>
PHYSICAL ADDRESS LINE 1 <i>(maximum, 36 spaces)</i> : ADDRESS OF DEPARTMENT REQUESTING CARD	
PHYSICAL ADDRESS LINE 2 <i>(maximum 36 spaces)</i> : ADDRESS OF DEPARTMENT REQUESTING CARD	
PHYSICAL ADDRESS CITY, STATE, ZIP CODE: ADDRESS OF DEPARTMENT REQUESTING CARD	
MAILING ADDRESS LINE 1 <i>(maximum 36 spaces)</i>	Office of the Comptroller
MAILING ADDRESS LINE 2 <i>(maximum 36 spaces)</i>	One Ashburton Place, Room 901
MAILING ADDRESS CITY, STATE, ZIP CODE:	Boston, MA 02108
DEFAULT INFORMATION	
DEFAULT CARDHOLDER NAME LINE 2 <i>(optional)</i> :	MA TAX EXMPT ID 046002284
BILLING INFORMATION	
BILLING CYCLE <i>(day of the month between 4th and 27th)</i> :	27th
BILLING TYPE:	Corporate
SETTLEMENT METHOD:	EFT
SEND MEMO STATEMENTS TO CARDHOLDERS:	No
NUMBER OF DAYS FROM BILLING CYCLE TO PMT DUE DATE:	25
BILLING FREQUENCY	Monthly

Company Credit Limit (CTR use only):

Department Head Approval (Required): _____ **Date:**

Chief Fiscal Officer Approval (Required): _____ **Date:**